



City of Bloomington
Utilities Individual Customer Contract



Please mail this form to CBU, P.O. Box 2500, Bloomington, IN, 47402-2500; or fax to (812) 331-5407.

Please include a photocopy of your picture ID (driver's license, student ID)

Please type or print full legal name:

Last Name: _____ First Name: _____ Middle Name: _____

Service Address: _____

Mailing Address: _____

Social Security #: _____ Date of Birth (Day-Month-Year): _____

Telephone #: _____ Email Address: _____

I am the Property Owner [☐] Tenant [☐] Other [☐] (explain): _____

Name of the Property Owner: _____ Owner's #: _____

Your Employer's Name: _____ Employer's #: _____

Requested Date of Change: _____ Customer Acct #: _____

I am a new customer to City of Bloomington Utilities: Yes [☐] No [☐]

- In the event of an emergency concerning your water and/or wastewater service, please provide us with the following emergency contact information:

Name: _____ Telephone: _____

I hereby contract with City of Bloomington Utilities (CBU) for service and agree to pay CBU for such service in accordance with its established rates. I also agree to conform to all CBU Rules, Regulations, and Standards of Service and applicable Indiana law, governing the use of water, wastewater, and stormwater, now in force or which may hereafter be adopted.

Signature: _____

Date: _____